

that the taking of coffee, ether, and other stimulants produces, acts as a nervous derivative in asthma, and diverts from the nervous system of the lungs that morbid activity which engenders the spasm of the bronchial tubes.

"The cure of asthma by violent emotion is more sudden and complete than by any other remedy whatever; indeed, I know few things more striking and curious in the whole history of therapeutics. The remedy that stands next in speed and efficacy—tobacco pushed to collapse—takes time, a few minutes at least: but the cure of asthma by sudden alarm takes *no* time; it is instantaneous, the intensest paroxysm ceases on the instant."

Dr. Salter has arrived from the above facts to the following conclusions:—

"That, since the abeyance of the will favours, in proportion to the degree of that abeyance, the development of asthma, and since the effect of strong coffee is to dispel such suspension or depression of volition, and restore the will to its wonted (or even an unwonted) activity, it is by thus exalting the will, and so disavouring the development of excito-motory action, that this remedy relieves asthma.

"That the same interpretation applies to the relief of asthma by all other stimulants whatever.

"That thus strong coffee and mental excitement, although apparently so different, belong to the same category of remedies for asthma."

11. *Diagnosis and Treatment of Hepatic Colic.*—Prof. TROUSSEAU lately directed the attention of the clinical class, at the Hôtel Dieu, to the frequency with which cases of hepatic colic are mistaken for other affections. Although, in its severe form, hepatic colic is readily recognized, yet a slighter form, which is more common, especially in women, is very generally ignored. The reason is, that the pains caused by the small calculi are felt principally in the epigastrium, from which they radiate through the abdomen, the chest, the back, and sometimes even down the thighs. The practitioner, accordingly, is very apt to refer the pain to other organs than the liver, and, in particular, to ascribe it to a spasmodic affection of the stomach. This opinion appears, in many cases, to be further confirmed by the presence of vomiting.

M. Trousseau illustrated these observations by two cases, both women, of sedentary occupation, from forty to fifty years of age. In the case of the first, pain in the epigastrium, with vomiting of matter not containing bile, occurred two days before her admission into the hospital. The severe pain was succeeded by a feeling of languor and fatigue. The fecal matters passed by this woman were collected, washed, and carefully examined, when a calculus of the size of a pea, consisting of cholesterine, was found. The second woman had been subject to "cramps of the stomach" for several years. These had been treated without success. When she came under M. Trousseau's care, she had been suffering for several days from attacks of severe pain starting from the epigastrium, and darting down through the belly into the right flank and into the back. These attacks came on two or three times a day, and lasted for from half an hour to two hours. On the 12th of March the pains continued for five hours, on the 13th for eleven hours: they were accompanied by non-bilious vomiting, and on the evening of the last-mentioned day they ceased suddenly, and were succeeded by slight shiverings and well-marked jaundice. The bowels having been confined for some days, a purgative was administered: the fecal matters were washed, and five calculi with polished facettes were discovered.

Before alluding to the treatment, M. Trousseau entered somewhat minutely into a consideration of the symptoms in these and similar cases. He laid it down as a general rule, that if, in addition to pains of the character described above, there be vomiting of matters not coloured with bile, the symptoms depend upon the presence of a calculus in the common duct; and that, ninety-nine times out of a hundred, the presence of bile in the urine will next day confirm the diagnosis. It must, however, be borne in mind that, although the absence of bile in the matters vomited, and the subsequent occurrence of jaundice, entitle us to give a positive diagnosis, the opposite circumstances—namely, the presence of bile in the vomited matters, and the absence of jaundice—do not justify us in absolutely denying the existence of hepatic colic. In most cases the

jaundice is so slight as to escape the attention of the patient; indeed, generally it is only by the condition of the urine that its existence is revealed. In addition to pain, vomiting, and the presence of bile in the urine, another diagnostic means is at our disposal. This consists in an examination of the fecal matters: for this purpose, the evacuations are to be collected from the time of the cessation of the attack during the next three or four days, as a calculus may occupy this time in passing from the duodenum to the rectum. The matters so collected are to be washed in a hair sieve, until the solid matter is completely broken down. Under any other way of proceeding, the calculus might escape detection. It does not always happen, however, that the calculus, the cause of the suffering, is discharged. It not unfrequently happens that there are concretions in the gall-bladder which are too large to pass along the cystic duct. In such cases, the bodies get partially impacted in the duct, and give rise to much suffering; but on their going back into the gall-bladder, the relief is as complete as when they drop into the duodenum. In these circumstances, we are to be guided in our diagnosis by the sudden appearance and disappearance of the symptoms, taken in connection with the absence of symptoms pointing to disease of other organs.

With regard to treatment, nothing can be done to get rid of calculi already existing; our attention must, therefore, be limited to the treatment of the attack of hepatic colic, and to the preventing the formation of fresh calculi. The treatment of the attack is not very satisfactory, and often the remedies employed do more harm than good. Thus many practitioners prescribe opium; but as opium checks all the secretions, with the exception of the secretion of the skin, it is unfavourable to the accumulation of bile in the gall-bladder, which acts beneficially in helping the expulsion of the calculus. The pain, it is true, is deadened by opium, but the expulsion of the calculus is delayed. The relief of suffering is, according to M. Trousseau, more advantageously obtained by chloroform or sulphuric ether given internally, while frictions with an alcoholic extract of belladonna, reduced by water to the consistence of a syrup, are made over the seat of pain. The ether is generally given in the form of capsules, each of which contains eighteen drops; in this way a considerable anæsthetic action is produced, while the biliary secretion is not interfered with. Prolonged hot baths sometimes give relief, though in general they produce little effect. When the attack is past, M. Trousseau generally gives, with a view to improving the digestion, seven or eight pills daily, each containing three grains of extract of ox-gall.

The real treatment of these cases, however, is prophylactic. As above stated, *M. Trousseau* thinks we cannot act upon calculi already formed, although *M. Barth* supposes that, by a vegetable diet, combined with the use of alkalies and turpentine, biliary concretions may be disintegrated. All we can hope for, therefore, is to prevent the enlargement of existing calculi and the formation of new ones; and this we must do by impeding the production of cholesterine. Now, as cholesterine is a fatty substance, we must, in order to diminish its quantity, diminish all the fatty matters of the economy. For this purpose we must look to alkaline substances, which saponify the fats and render them more soluble; to exercise, which promotes their combustion; and to an alimentation which shall contribute as little as possible to their development. *Peyrilhe*, the first professor of therapeutics in the faculty of Paris, noticed that, in large herbivorous animals, such as oxen and cows, which are very subject to hepatic gravel, the gall-bladder was filled with calculi from the month of April to the month of June, and that it ceased to contain any from the beginning of September until the end of December. He thought that the production of cholesterine was favoured in these animals by a dry alimentation, consisting in part of oleaginous grains; while, on the contrary, the chlorophyl, or green colouring matter of plants, acted as a special solvent of this fatty matter. *Peyrilhe* was right; but he had not noticed another important element in their cases—the influence of prolonged repose. In man, a sedentary life acts in the same way as the stalling of oxen; and this is the reason why women are more subject to biliary calculi than men. Green vegetables, though acid, make the urine alkaline; they possess the property of saponifying fats; and you have thus, in exer-

cise on the one hand, and in the use of green vegetables or alkalies on the other, the principal elements of the prophylactic treatment of biliary calculi.

To patients suffering from this affection, we should, therefore, continues *M. Trousseau*, prescribe walking exercise, a regimen having for its basis green vegetables, to which may be added lean meat and fresh fruit thoroughly ripe. The patient should abstain from eating oleaginous matters, such as fat of meat, butter, oil, milk; he should also partake sparingly of amylaceous or gelatinous matters, which, on account of the large proportion of carbon they contain, have the greatest analogy with fat. We may at the same time recommend the use of alkaline mineral waters, such as those of Vichy, the Mont Dore, etc. Not that these are to be given so as to saturate the system with the mineral principles of the waters, but only in such a way as to improve the general health. They should not be given continuously for too long at a time, but their use should be interrupted and again resumed.—*Edinb. Med. Journ.*, July, from *Journal de la Méd. et de Chirurg. Pratiques*.

12. *Treatment of Diphtheria*.—*M. LOISEAU*, in a communication to the *Gazette Hebdomadaire* (Aug. 19th), urges upon his professional brethren not to use debilitating means in the treatment of diphtheria, and to put their trust in topical and styptic measures. The author adds the following figures, which speak volumes: Out of ninety-five patients treated topically, only two died; one without treatment (we must suppose that the author means that the patient was carried off before the topical treatment could be used), and the other with an imperfect treatment. All the others recovered, without any unpleasant sequelæ, and even without a well-marked period of convalescence. As to the ages of the patients, *M. Loiseau* divides the cases in the following manner:—

Patients.	Age.	Recoveries.
15 . . .	from 0 to 2 years . . .	13
22 . . .	“ 2 to 6 “ . . .	22
9 . . .	“ 6 to 12 “ . . .	9
10 . . .	“ 12 to 18 “ . . .	10
39 . . .	“ 18 to 60 “ . . .	39
Total 95		93

More than half of those whom *M. Loiseau* attended after they had been treated with emetics and alterants perished, and the greater part of those who recovered suffered subsequently from œdema, anasarca, or paralysis, or had to go through a protracted convalescence.

13. *Tannin in Large Doses in Albuminous Anasarca*.—Although the internal use of tannic acid is still very limited in France, its employment in large doses has been much recommended lately in other countries, and has been extended to numerous cases which, while proving its innoxious character, appear to exhibit it as possessing some totally new properties. It has been shown to be useful in all cases where it is required to arrest hemorrhages, to give tone to the organism, or to remedy morbid secretions. It has been employed, for example, with great benefit in albuminuria, diabetes, and serous infiltrations.

From these considerations, *Dr. P. GARNIER* has been induced to employ tannic acid in the albuminous anasarca consecutive to scarlatina; and he adduces several cases illustrative of this mode of treatment, drawn from his own experience and from cases recorded by other physicians. The cases all prove that in the general serous infiltration of the tissues complicated with albuminous urine, there is a rapid and simultaneous disappearance of these two morbid phenomena under the influence of tannin alone, administered in a large dose. The conclusions drawn by *Dr. Garnier* are that tannin, employed in doses of two to four grammes a day (5ss to ʒi), cures anasarca or œdema developed passively and occurring simultaneously with albuminous urine; that its curative action is manifested by abundant urine, gradually resuming its physiological characters, by perspiration, easy alvine evacuations, return of appetite, &c.; that these signs appear from the second day of the administration of the tannin; that given